

BEAR RIVER AREA AGING SERVICES
REQUEST FOR PROPOSAL (RFP) APPLICATION CHECK LIST
ALTERNATIVES AND CAREGIVER SUPPORT PROGRAMS

Thank you for your interest in applying to be a provider for the BRAG Alternatives and Caregiver Support Programs. Each of the items listed below must be completed and submitted to be considered a complete Request for Proposal Application.

1. **Provider Application For the Alternatives and Caregiver Support Programs.**
2. **Organization Background (Attachment I).**
3. **Copy of your agency State of Utah Home Health Agency, Adult Day Care, or Long Term Care Facility License (Attachment II) and Business License.**
4. **Copy of the most recent State of Utah Home Health Agency Service or Long Term Care Facility Review (Attachment III) for your agency. If currently operating out of Utah submit a copy of the comparable document from the state of operation.**
5. **Conflict of Interest Certification (Attachment IV)**
6. **Department of Human Services Provider Code of Conduct Certificate of Understanding and Compliance (Attachment V).**
7. **THE ORIGINAL AND TWO (2) COPIES OF ALL APPLICATION PAGES.**
Must be received by 5:00 p.m., June 18, 2015

To: BRAG AAA
ATT: Michelle Benson
170 North Main
Logan, UT 84321